DOCUMENT RESUME

ED 333 074 UD 028 082

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TITLE Poverty and Poor Health among Elderly Hispanic Americans.
INSTITUTION Commonwealth Fund, New York, N.Y.
PUB DATE Sep 89
NOTE 66p.
AVAILABLE FROM American Association of Retired Persons, Public Policy Institute, 1909 K Street, N.W., Washington, DC 20049.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Cubans; *Health Insurance; *Health Needs; *Hispanic Americans; Mexican Americans; National Surveys; *Older Adults; *Policy Formation; Poverty; *Public Policy; Puerto Ricans

ABSTRACT

This national survey of 2,299 elderly Hispanic Americans found that a great number face a daily struggle, living on limited incomes and coping with poor health. Problems in later years are the result of immigration patterns, low educational attainment, and limited English proficiency that have resulted in a lifetime of low income, no pension, and no health insurance benefits. Many must live with relatives or other people because their incomes are so low or their health and functional status is so poor that they are unable to cope without assistance. Elderly Hispanic Americans are more dependent on Supplemental Security Income (SSI), yet less than half of those who qualify for SSI actually participate. Elderly Hispanic Americans are also more likely than other elderly to be in fair or poor health and to need medical services. Despite these greater health care needs, they are less adequately insured than the general elderly population. In addition to being in poorer health and using more acute care services, elderly Hispanic Americans need more long-term care services than other elderly people, and rely heavily on family members. Policy formation must take into consideration the different needs of Mexican Americans, Cuban Americans, Puerto Ricans, and other Hispanic subgroups, including those from South and Central America, the Caribbean, and Europe. Statistical data are presented in four tables and 15 graphs. A list of 12 references and an explanation of the survey methodology are appended. (FMW)

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POVERTY AND POOR HEALTH AMONG ELDERLY HISPANIC AMERICANS

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A Report of
The Commonwealth Fund Commission
On Elderly People Living Alone

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THE COMMONWEALTH FUND

The Commonwealth Fund is a philanthropic foundation established in 1918 by Anna M. Harkness with the broad charge to enhance the common good. To carry out this mandate, in the 1980s the Fund has looked for new opportunities to improve Americans' health and well-being and to assist specific groups of Americans who have serious and neglected problems.

The Fund's five major programs aim to improve health care services, to advance the well-being of elderly people, particularly those living alone, to develop the capacities of high school students, to promote healthier lifestyles, and to improve the health of minorities. Since 1925, the Fund has also awarded Harkness Fellowships to enable young citizens of the United Kingdom, Australia, and New Zealand to study and travel in the United States.

POVERTY AND POOR HEALTH AMONG ELDERLY HISPANIC AMERICANS

A Report of
The Commonwealth Fund Commission
on
Elderly People Living Alone

Prepared by
Jane Andrews, M.H.S.
Assistant Director

September 1989

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THE COMMONWEALTH FUND COMMISSION ON ELDERLY PEOPLE LIVING ALONE

The Commonwealth Fund Commission on Elderly People Living Alone was established by the Fund in July 1985 to address the unique needs of elderly people living alone and seek ways to improve their well-being by reducing their isolation, improving their health care and economic security, and considering public policies that affect them. To accomplish this, The Commonwealth Fund authorized up to $8 million in support of projects over the five-year period ending June 1990.

Robert N. Butler, M.D., chairman of the nineteen-member Commission, is chairman of the Gerald and May Ellen Ritter Department of Geriatrics and Adult Development at New York City's Mount Sinai Medical Center. Karen Davis, Ph.D., director of the Commission, is chairman of the Department of Health Policy and Management at the Johns Hopkins University.

The Commission issues periodic reports on approaches to alleviating the problems of elderly people living alone and supports innovative demonstration projects to test the effectiveness of existing efforts. Information on the Commission and Commission publications may be obtained from The Commonwealth Fund Commission on Elderly People Living Alone, 624 North Broadway, Room 492, Baltimore, MD 21205, (301) 955-3775.

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FOREWORD

The Commonwealth Fund Commission on Elderly People Living Alone, composed of national leaders and experts in health policy and aging, was established in 1985 to address the economic, health, and social needs of the 9 million elderly people who live alone. Prior to the establishment of the Commission, the prevailing attitude was that the nation's elderly were prosperous and leading a retirement of leisure. Since its inception, the Commission has dispelled this notion by revealing that certain groups of elderly people—particularly elderly people living alone—face high poverty rates, inadequate health insurance coverage, and lack of in-home assistance should their health decline.

In its first four years, the Commission has been actively engaged in documenting the problems, developing policy recommendations, conducting demonstration projects, and working with national and local organizations to improve the lives of elderly people who live alone and other vulnerable groups of elderly persons. The Commission first sponsored a national survey, by Louis Harris and Associates (1987), to profile and document the special circumstances of elderly people living alone. The survey found that one elderly person in three lives alone, many of them poor and struggling with serious financial, medical, and long-term care burdens.

The Commission's first report, *Old, Alone and Poor* (1987), showed that elderly people who live alone suffer poverty rates five times higher than those of elderly

couples. The report made recommendations on steps the federal government can take to relieve poverty among many poor elderly people; specifically, to raise the Supplemental Security Income (SSI) payment to 100 percent of the federal poverty level and to increase outreach to elderly people eligible for SSI. Next, *Medicare's Poor* (1987) documented the gaps in Medicare benefits and the limited reach of the Medicaid program. The report recommended that Medicaid be made available to all poor elderly people to supplement Medicare. *Help at Home* (1989) recommended a public policy proposal for financing home care for severely functionally impaired elderly persons. The Commission also sponsored outreach demonstration projects to explore avenues to provide assistance to poor elderly persons.

Throughout its work, the Commission encountered a scarcity of information on the circumstances of elderly Hispanics, even while anecdotal data suggested that elderly Hispanics faced disproportionate rates of poverty, poor health, and frailty. The Commission therefore determined that a systematic data collection effort was necessary to document the circumstances of this important, growing segment of the elderly population. In 1988, the Commission sponsored a national survey of 2,299 elderly Hispanic individuals, conducted by Westat, Inc., that for the first time yielded vital information on the economic, health, and social status of Hispanic elderly people.

The findings from the survey not only confirm what the Commission had suspected, but provide startling new

information. Elderly Hispanic Americans generally are not sharing in the economic prosperity enjoyed by other elderly Americans. Many struggle to make ends meet on less than $104 a week. Serious health problems and physical impairments compromise an independent lifestyle. Families are a major source of support, but long-term care inflicts enormous financial and emotional burdens on family caregivers. A large proportion of Hispanic elderly people speak Spanish only, and the overwhelming majority have an eighth-grade education or less, often limiting them throughout their lifetimes to low-paying jobs and inadequate health insurance and pension benefits.

In its fifth and final year, the Commonwealth Fund Commission on Elderly People Living Alone will continue to seek ways to improve the health and economic well-being of all groups of elderly persons who are vulnerable to the problems of poverty and poor health. It is our hope that the data contained in this report will not only provide new, insightful information on the problems faced by elderly Hispanics, but will also lead individuals and agencies, both public and private, to provide these elderly Americans with practical and meaningful help.

The Commission wishes to express its appreciation to Peter Hannaford, Dorothy Rice, and John Rother, and especially to David Maldonado, Jr., who assisted with the project not only as a member of the Commission but also as a member of the National Technical Advisory Panel.

Special thanks are extended to the members of the National Technical Advisory Panel for their expert guidance and for their comments on drafts: Elena Bastida, Herminia Cubillos, Alejandro Garcia, Rita Mahard, Manuel Miranda, Henry Rodriguez, Marta Sotomayor, Fernando Torres-Gil, Fernando Trevino, and especially Rumaldo Juarez, who chaired the panel and provided invaluable assistance in all phases of the project.

The Commission also wishes to thank Westat, Inc., which conducted the survey, especially Pat Skinner and Kay Sigle, and the Commission staff, especially Jane Andrews, who prepared this report. The Commission is grateful to The Commonwealth Fund, whose on-going support made this report possible.

Robert N. Butler, M.D.
Chairman

Karen Davis, Ph.D
Director

REPORT HIGHLIGHTS

Today, there are approximately one million elderly Hispanic people living in the continental United States, and this number is expected to quadruple by 2020. To obtain a profile of this population, the Commonwealth Fund Commission on Elderly People Living Alone undertook a national survey of 2,299 elderly Hispanics in 1988. The survey found that although some Hispanics have shared in the prosperity afforded many elderly people in this country, a great number face a daily struggle, living on limited incomes and coping with poor health.

Problems in later years reflect cumulative deficits throughout life. Nearly three-quarters of elderly Hispanics received an eighth-grade education or less, twice the proportion among all elderly. Further, four in ten do not speak English. These handicaps have consigned many elderly Hispanics throughout their lifetimes to jobs that offered low pay and no pension or health insurance benefits. Despite having worked for most of their lives, many Hispanics find themselves in old age without the means to maintain their independence. They are less likely to live alone or with a spouse than are other elderly people: nearly one-third live with children, siblings, other relatives, or unrelated people. Many may be doing so because their incomes are so low or their health and functional status so poor that they are unable to cope without assistance.

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Elderly Hispanics experience a poverty rate nearly twice that of all elderly. They are less likely to receive income from Social Security, private pensions, or current employment. In fact, a sizable segment of the population is ineligible for Social Security, owing to the circumstances of their immigration or past employment. Similarly, work histories in service, unskilled, and farm-sector jobs have left many elderly Hispanics with little or no private pension coverage.

- Twenty-two percent of elderly Hispanics live below the federal poverty line, compared with 12 percent of all elderly.

- Seventy-seven percent of all elderly Hispanics report receiving Social Security, compared with 92 percent of all elderly.

- Two-thirds (66 percent) of elderly Hispanics worked in the service, unskilled, and farm sectors, compared with 40 percent of all elderly. These jobs are frequently without pension plans. Nineteen percent of elderly Hispanics receive a pension, compared with 45 percent of all elderly.

- Elderly Hispanics living with someone other than a spouse are the least likely to be receiving either a pension or Social Security. Nearly one-third of elderly Hispanics living with others receive neither pension nor Social Security income.

- Those who speak Spanish only are more likely to have worked at low-paying jobs; they are less likely to receive benefits than those who also speak English.

- The percentage of elderly Hispanics currently working (12 percent) is lower than the percentage among all elderly (17 percent).

Because of their lower incomes, elderly Hispanics are more dependent on Supplemental Security Income (SSI), the federal cash assistance program for the poor. Nearly one-third of poor elderly Hispanics receive SSI, compared with 17 percent of all poor elderly. Among poor elderly people, the relative position of Hispanics is revealed in the SSI eligibility figures alone: 67 percent of poor elderly Hispanics are eligible for SSI, compared with 34 percent of all poor elderly. Among all eligible elderly people, only half actually participate in SSI, while a meager 44 percent of eligible elderly Hispanics are participating.

Elderly Hispanics are also vulnerable to burdensome medical expenses. They are more likely to be in fair or poor health and to need medical care services.

- Fifty-four percent of elderly Hispanics report fair or poor health, compared with 35 percent of all elderly.

- Fifty-seven percent of elderly Hispanics living with someone other than a spouse report fair or poor health, compared with 54 percent of those who live alone and 51 percent of those who live with a spouse.

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- Elderly Hispanics average eight physician visits per year, compared with five annual visits among all elderly people. Elderly Hispanics are also more likely to be hospitalized. Twenty-two percent had been hospitalized in the past year, compared with 18 percent of all elderly.

Health insurance coverage is extremely important in protecting people from the financial burdens of medical care expenses. The Medicare program provides basic health insurance coverage for the elderly population. In addition, many elderly people purchase private supplemental policies to assist with Medicare cost-sharing and other uncovered services. The Medicaid program is intended to serve as a safety net to supplement Medicare for poor elderly individuals.

Despite greater health care needs, elderly Hispanics are less adequately insured than the general elderly population.

- Only 83 percent of all Hispanic elderly receive Medicare coverage, compared with 96 percent of all elderly.

- Only 21 percent of elderly Hispanics purchase private insurance to cover the gaps in Medicare coverage, compared with two-thirds of all elderly.

- Twenty-eight percent of elderly Hispanics have Medicare coverage only, leaving them vulnerable to the high costs of Medicare cost-sharing and

uncovered services. This compares with 19 percent of all elderly who have Medicare only.

- The percentage of poor elderly Hispanics covered by Medicaid (44 percent) is substantially higher than that among all poor elderly (29 percent).

- Eight percent of elderly Hispanics have no health insurance, compared with only one percent in the general elderly population.

In addition to being in poorer health and using more acute care services, elderly Hispanics show a greater need for long-term care services than do elderly people as a whole. Forty percent have difficulties with basic self-care activities, compared with 23 percent of all elderly. In addition, they experience problems with tasks of household management (54 percent) at a rate twice as high as that reported by all elderly (27 percent).

Elderly Hispanics rely more heavily on informal sources of support than they do on organized services. Hispanic families appear to play a strong role in providing care for elderly family members.

- About two-thirds of Hispanic elderly people with long-term impairments receive help from a spouse or child.

- Elderly Hispanics are more likely to receive care from their families following a hospitalization (77 percent) than are elderly people in general (59 percent).

- Social services do not appear to be reaching many elderly Hispanics. Only 16 percent of elderly Hispanics use them, and of those not receiving social services one-fifth felt a need for such services.

Elderly Hispanic people are not a homogeneous group, and differences within the population should be borne in mind in analyzing or developing policies. One of the major purposes of this survey was to examine differences among elderly members of the following Hispanic-heritage subgroups living in the continental United States: Mexican Americans, Cuban Americans, Puerto Ricans, and others (including those from South and Central America, the Caribbean, and Europe).*

- **Elderly Mexican Americans**

  - Fifty-eight percent of elderly Mexican Americans were born in the United States, the highest rate among Hispanic elderly. Only 20 percent of elderly Mexican Americans who immigrated came to the United States at age 45 or older.

  - Because elderly Mexican Americans are the most likely to have been born and lived in the United States during their working years, they are more likely to receive Social Security (85 percent).

  - Three-quarters of elderly Mexican Americans have an eighth-grade education or less.

*Because of the wide diversity in countries of origin among this last group, they will not be analyzed in this report.

- Elderly Mexican Americans are more likely than members of other subgroups to have worked in the farm sector (17 percent) or the service sector (20 percent).

- Elderly Mexican Americans have the highest rate of poverty among the Hispanic subgroups, yet are the least likely to be covered by Medicaid or to receive SSI.

■ **Elderly Cuban Americans**

- Elderly Cuban Americans are older than other subgroups. Forty-five percent of elderly Cubans are age 75 and over.

- Ninety-eight percent of elderly Cuban Americans were born in Cuba, and 70 percent were age 45 or older when they immigrated to the United States. Age of immigration to the United States is an important determinant in receipt of Social Security. Only 66 percent of elderly Cuban Americans receive Social Security.

- Elderly Cuban Americans are the most likely among the subgroups to have worked at professional, managerial, and proprietary jobs (16 percent).

- Elderly Cuban Americans are the best educated among Hispanic subgroups. Forty-three percent

continued their educations beyond the eighth grade. They are, however, the least likely to speak English.

- Elderly Cuban Americans have the lowest poverty rate among all Hispanic subgroups and are the most likely if poor to be receiving Medicaid and SSI.

■ **Elderly Puerto Ricans**

- Even after adjusting for age, elderly Puerto Ricans report the worst health status. Sixty-three percent are in fair or poor health, compared with 54 percent of elderly Mexican Americans and 46 percent of elderly Cuban Americans.

- Elderly Puerto Ricans are the most likely to use medical services, averaging 11 annual physician visits. Thirty-two percent had been hospitalized in the past year.

- More than three-quarters of elderly Puerto Ricans have an eighth-grade education or less (78 percent).

In sum, elderly Hispanics face serious health and economic problems. Some of these problems, such as ineligibility for Social Security and Medicare, are related to the immigration patterns and work histories of this generation and may be alleviated for future generations. Further, as younger cohorts of Hispanics grow older, language and educational barriers faced by

today's elderly population may be reduced. Yet for others — including new groups of immigrants — these patterns may reemerge.

Public assistance programs can play an important role in improving the plight of Hispanics who are elderly now. More than one-quarter of potentially eligible elderly Hispanics said when asked that they had never heard about the Supplemental Security Income program. Targeting SSI outreach efforts toward Hispanic communities could help to bring many more eligible people into the program.

Additionally, the recent passage of the Medicare Catastrophic Coverage Act of 1988 extends Medicaid coverage of Medicare cost-sharing to all elderly people below the poverty line. Outreach efforts will undoubtedly be necessary to enroll newly eligible Hispanics in this benefit. Outreach efforts for both SSI and Medicaid will be most effective if outreach workers speak both Spanish and English and are sensitive to barriers that elderly Hispanics face in obtaining benefits.

Finally, future legislative reform will likely focus on long-term care, an issue currently being debated in Congress. At present, elderly Hispanics who need long-term care rely heavily on their families for assistance, more so than do other elderly people. The effect of the economic, physical, and emotional burdens of caregiving borne by these families is unclear. Discussions of long-term care reform should concentrate on facilitating

family caregiving, through in-home assistance and provision of respite care.

The Commonwealth Fund Commission on Elderly People Living Alone has recommended ways to improve the health and economic well-being of some of the most vulnerable elderly in its previous reports. In addition, the Commission has demonstrated effective ways to help elderly people receive the benefits to which they are entitled. These policy recommendations and demonstration projects are applicable to the needs of elderly Hispanics and can help to protect them now and in the future.

Today, about one million elderly Hispanics, age 65 and over, live in the continental United States. They make up approximately 3 percent of the entire elderly population and are by all accounts its fastest growing segment. Since 1970 the population of elderly Hispanics has grown by 61 percent, while the elderly population as a whole has grown by about 40 percent. By the year 2020, the number of elderly Hispanics will have more than quadrupled to approximately four million people; as a percentage of all elderly people their presence will have increased from 3 to 8 percent. In addition, the growth of the Hispanic population age 85 and over is even more rapid than that of those 65 and over. This oldest group is expected to double in the next decade and quadruple within 25 years (U.S. Bureau of the Census, 1986).

To date, the information available on the problems of Hispanic elderly people has been scant, despite anecdotal sources and census data suggesting that this group is experiencing serious and unusual problems. Data collection efforts have tended to focus on the aggregate, making analysis by living arrangement or by major subgroup difficult and often impossible. The Commission on Elderly People Living Alone decided to look beneath these aggregate statistics, hoping to identify and describe subgroups within the Hispanic elderly population so that policy makers can begin to address these complex problems.

To obtain a profile of the elderly Hispanic population, the Commission sponsored a survey of 2,299 Hispanics

age 65 and over living in the continental United States in 1988. Interviews were conducted over the telephone with respondents who identified themselves as being "of Hispanic origin or descent" and of the appropriate age. (Proxies were accepted from family members of elderly people too infirm to be interviewed.) Each respondent was then questioned on a broad range of topics, including his or her living arrangements, health and functional status, work history, current sources of benefits and income, and educational background.

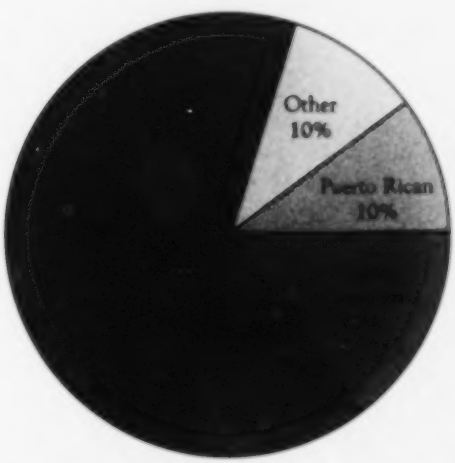
The profile that emerged is startling. The typical Hispanic elderly person struggles to make ends meet on less than $104 a week. Serious health problems and functional impairments make living independently difficult, and many must rely on children or other relatives for economic, health, and social support. Speaking Spanish only and having little education, many elderly Hispanics are precluded from receiving the benefits typically available to retired people. Instead, a high percentage of elderly Hispanics are dependent on Supplemental Security Income and Medicaid to fill the gaps left by their low incomes and inadequate health insurance coverage.

This report illustrates the circumstances of elderly Hispanics and the problems they face compared with other elderly people, as well as profiling differences among Hispanic subgroups. The final chapter proposes strategies for improving the health and economic well-being of elderly Hispanics. Additional information can be found in the accompanying technical report by Westat, Inc.

DEMOGRAPHIC CHARACTERISTICS OF ELDERLY HISPANIC AMERICANS

The population of Hispanic persons age 65 and over and living in the continental United States is composed of four major groups: Mexican Americans; Cuban Americans; Puerto Ricans; and others. Mexican Americans, including those who consider themselves "Hispanos," are the largest group, accounting for 65 percent of the entire elderly Hispanic population (figure 1). Second in population are Cuban Americans, who comprise 15 percent, followed by Puerto Ricans, who make up 10 percent. The fourth group, other Hispanic elderly, including people from South or Central America, the Caribbean, and Europe, comprise the remaining 10

FIGURE 1. DISTRIBUTION OF ELDERLY HISPANIC AMERICANS BY MAJOR SUBGROUP



Source: Westat, 1989.

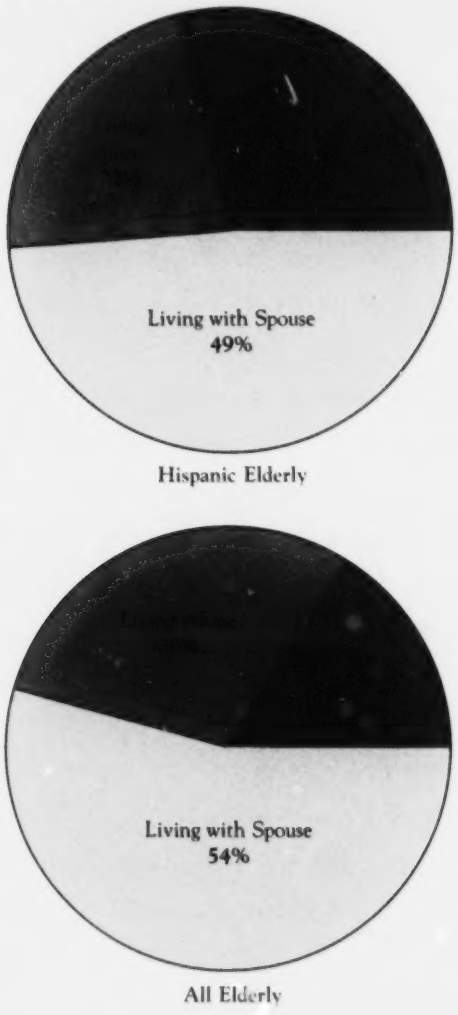
percent of the population. Owing to its diversity, however, this last group will not be considered in the present report.

Over 60 percent of elderly Hispanics were born outside the continental United States, although there is considerable variation by subgroup. The majority of elderly Mexican Americans were born in the continental United States (58 percent), whereas 98 percent of both elderly Cuban Americans and elderly Puerto Ricans were born in Cuba and Puerto Rico, respectively. Further, 40 percent of elderly Hispanics came to the continental United States at age 45 or older, although again variations occur by subgroup. The majority (70 percent) of elderly Cuban Americans immigrated to the United States at age 45 or later, while only 23 percent of elderly Puerto Ricans and 20 percent of elderly Mexican Americans came to live in the continental United States at that age or older.

Overall, the Hispanic elderly population is slightly younger than the elderly population as a whole. Sixty-three percent of elderly Hispanics are age 65-74, compared with 59 percent of all elderly. Interestingly, however, 9 percent of elderly Hispanics are age 85 and over, while 7 percent of all elderly belong to this age group. Disaggregated data indicate that elderly Cuban Americans and Mexican Americans account for a large percentage of people in this oldest group.

Women outnumber men in the general elderly population and among elderly Hispanics: 59 percent of all

FIGURE 2. LIVING ARRANGEMENTS OF HISPANIC ELDERLY AND ALL ELDERLY



Sources: Westat, 1989; and Louis Harris, 1987.

elderly and 56 percent of elderly Hispanics are female. Elderly Hispanics, however, do not resemble the elderly population as a whole in their living arrangements. Nearly one-third (29 percent) of all Hispanic elderly people live with someone other than a spouse, a rate nearly twice that of all elderly (figure 2). Over two-

thirds (69 percent) of those living with others live with a child, 38 percent live with other relatives, 13 percent live with a sibling, and 9 percent live with people other than relatives.

Only 22 percent of elderly Hispanics live alone, compared with 30 percent of all elderly. Forty-nine percent live with a spouse, compared with 54 percent of all elderly. These differences in living arrangements may be explained in part by differences in marital status. Compared with all elderly people, elderly Hispanics are less likely to be married (50 percent, as opposed to 55 percent) and twice as likely to be separated, divorced, or never married (17 percent, as opposed to 8 percent). Economic circumstances, health status, and cultural preferences may have a considerable bearing on living arrangement, as well.

Only 11 percent of elderly Hispanics have no living children, compared with 16 percent of all elderly. Of elderly Hispanics with living children, 73 percent have a child living within 60 minutes, compared with 64 percent of all elderly. The likelihood of having a living child, combined with the likelihood that the child lives nearby, may be one reason why elderly Hispanics frequently live with others. Those who live alone are less likely to have living children. Twenty percent of elderly Hispanics living alone have no living children.

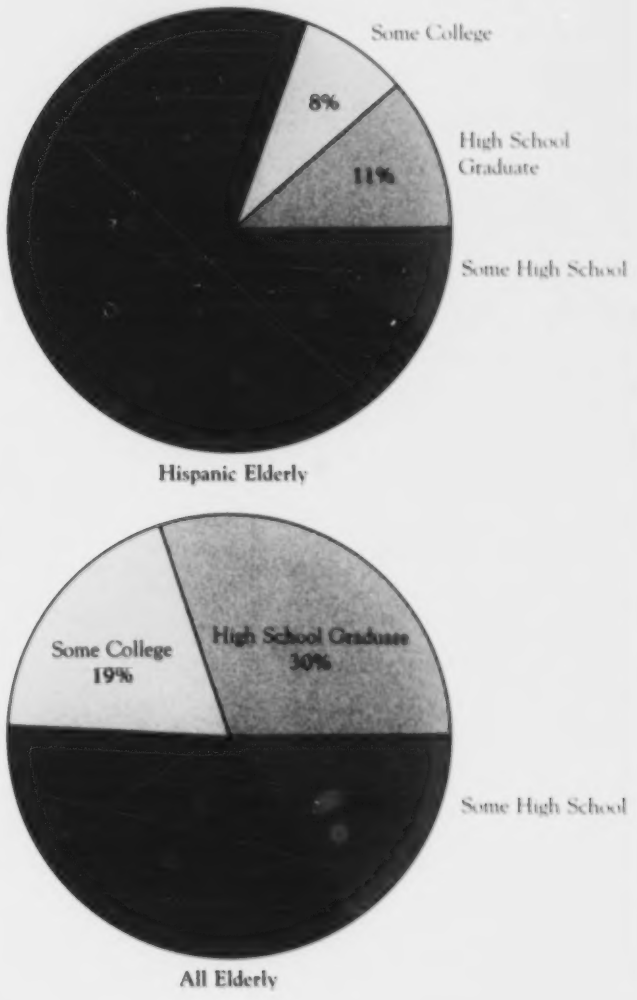
Fewer elderly Hispanics live in houses (68 percent) and more live in apartments (29 percent) than is typical of elderly people as a group. Seventy-seven percent of

elderly Americans live in houses, and 16 percent live in apartments. One explanation for this difference is that both Cuban Americans and Puerto Ricans are concentrated in urban areas where single-family housing is less common. Elderly Hispanics are also less likely to own their homes: 51 percent do, compared with 75 percent of all elderly.

Another major difference between Hispanic elderly and all elderly is educational attainment. Seventy-three percent of elderly Hispanics were educated through the eighth grade or less, compared with only 35 percent of all elderly people (figure 3). Lack of education has undoubtedly contributed to a lifetime of low-paying jobs and increases the prospect of future poverty. Among elderly Hispanics, 76 percent of those who are poor have an eighth-grade education or less, compared with 56 percent of the non-poor.

Compounding the problem of low educational attainment is the finding that four in ten (39 percent) elderly Hispanics speak Spanish only. Without English, many have been limited in their work opportunities to low-paying jobs that offered no benefits either at the time of employment or in old age. Fourty-three percent of poor elderly Hispanics speak Spanish only, but only 24 percent of the non-poor are subject to this language barrier. Lack of facility with English creates dependence in other ways. Among poor elderly Hispanics, nearly half (49 percent) who live with others speak Spanish only, compared with 39 percent of those who live alone and 34 percent of those who live with a spouse (figure 4).

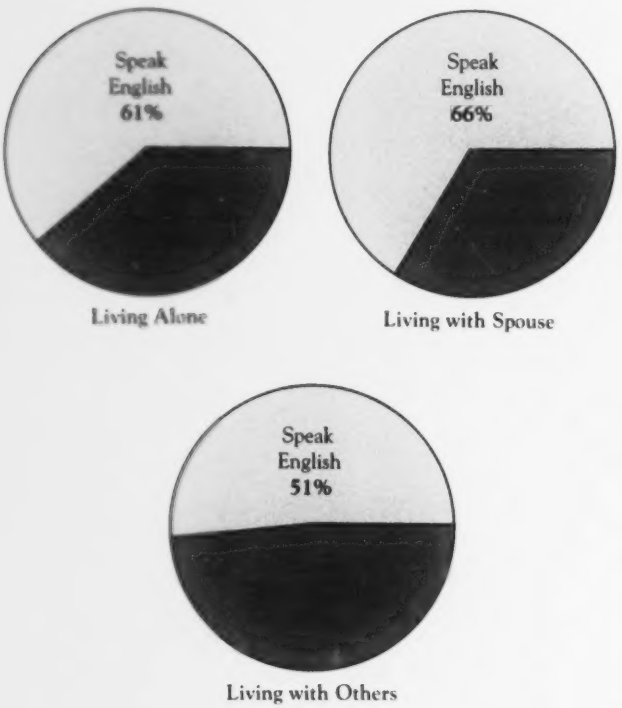
FIGURE 3. EDUCATIONAL ATTAINMENT OF HISPANIC ELDERLY AND ALL ELDERLY



Sources: Westat, 1989; Louis Harris, 1987.

In summary, most elderly Hispanics were born outside the continental United States, and four in ten speak Spanish only. Several striking differences between Hispanic elderly and all elderly people are found in their living arrangements and educational levels. As will be

FIGURE 4. POOR HISPANIC ELDERLY WHO SPEAK SPANISH ONLY BY LIVING ARRANGEMENT



Source: Westat, 1989.

noted in later chapters, such differences are related to disproportionate poverty rates and lower health status among Hispanic elderly people.

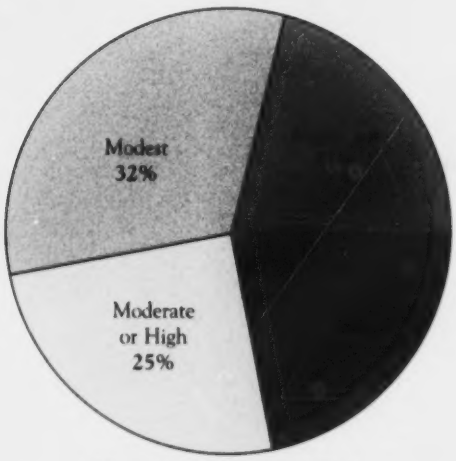
Improvements to Social Security and private pensions and the advent of Medicare have vastly improved the financial security of elderly Americans. Despite their increasing numbers, however, Hispanic elderly people do not appear to be sharing in this relative prosperity or enjoying the same economic security as the general elderly population. For various reasons, elderly Hispanics are less likely to obtain some of the basic health and financial benefits, including Medicare, Social Security, and pension benefits, that most older Americans receive.

The poverty rate for the elderly Hispanic population is nearly double that of the elderly population as a whole.* As shown in figure 5, elderly Hispanics suffer a poverty rate of 22 percent, compared with a rate among the general elderly population of only 12 percent. As happens commonly in such surveys, income was not reported by a large percentage (33 percent) of the sample. It is unclear whether those not reporting income are in the high or low income groups. To bring the overall poverty rate into line with census data, the figure used here comes from *Old, Alone and Poor* (1987), an earlier Commission report. In all other cases, information on poverty is derived from data collected in this survey.

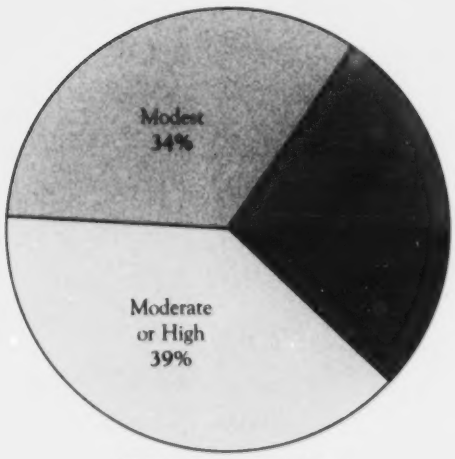
Since many public- and private-sector retirement benefits are tied to employment, previous work history is an important factor in economic security in old age. The

*Elderly persons were classified as poor in 1987 if their incomes were $5,393 or below, or $104 a week ($6,802 for elderly couples).

FIGURE 5. INCOME DISTRIBUTION OF HISPANIC ELDERLY AND ALL ELDERLY



Hispanic Elderly (0.9 Million)



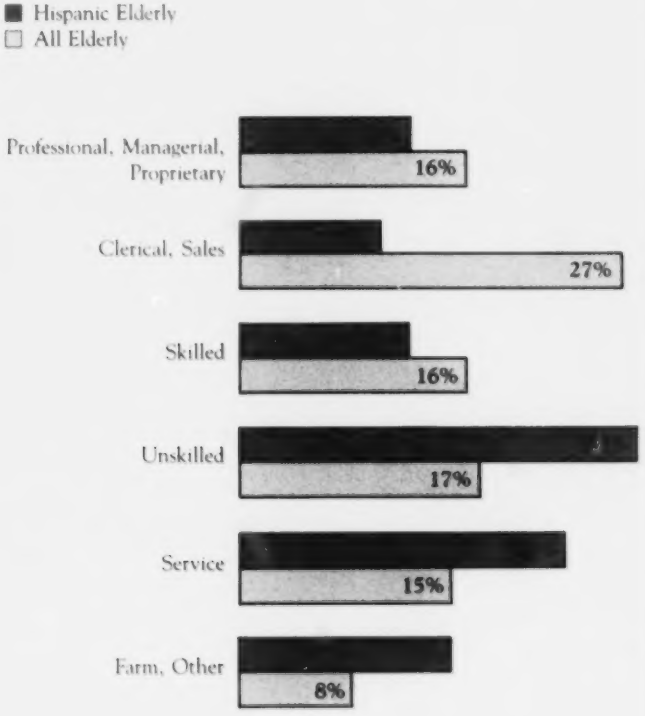
All Elderly (28.5 Million)

Income Levels:
Poor = less than 100% poverty level
Near Poor = 100-149% poverty level
Modest = 150-299% poverty level
Moderate or High = 300% poverty level or more

Sources: *Old, Alone and Poor*, 1987; U.S. Bureau of the Census, 1987.

percentage of elderly Hispanics who reported having worked for pay (79 percent) was somewhat lower than the percentage among all elderly people (86 percent). Elderly Hispanic women are less likely to have worked for pay than all elderly women (65 percent, compared with 80 percent). Among those who worked for pay, two-thirds of elderly Hispanics worked at unskilled, service-sector, or farm-sector jobs (figure 6). This compares with 40 percent of other elderly people. These jobs offer lower pay and fewer benefits, such as health

FIGURE 6. PREVIOUS PAID EMPLOYMENT OF HISPANIC ELDERLY AND ALL ELDERLY

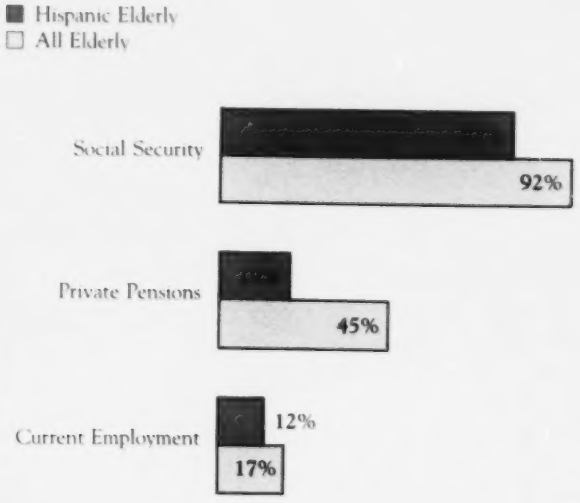


Sources: Westat, 1989; Louis Harris, 1987.

insurance and pension plans, than jobs in other sectors of the economy. Those who speak Spanish only are less likely to have worked for pay (68 percent) than those who also speak English (86 percent). Of those who worked, elderly Hispanics who speak only Spanish are more likely to have worked at unskilled, service, or farm jobs (82 percent) than are those who also speak English (68 percent).

Hispanic elderly people are less likely to receive Social Security than are other elderly people (figure 7). Seventy-seven percent of elderly Hispanics receive Social Security benefits, compared with 92 percent of all elderly. Those living with someone other than a spouse are the least likely among elderly Hispanics to receive

FIGURE 7. SOURCES OF INCOME FOR HISPANIC ELDERLY AND ALL ELDERLY



Sources: Westat, 1989; Louis Harris, 1987.

TABLE 1. ECONOMIC CIRCUMSTANCES OF HISPANIC ELDERLY BY LIVING ARRANGEMENT

	Living Alone	Living with Spouse	Living with Others
Worked at Unskilled, Service, or Farm Jobs	66%	63%	75%
Receiving Social Security	80	83	67
Receiving Pension	18	23	13
Receiving neither Pension nor Social Security	18	13	31
Poor, Receiving SSI	31	26	34

Source: Westat, 1989.

Social Security (table 1). Sixty-seven percent receive Social Security, compared with 80 percent of those who live alone and 83 percent of those who live with a spouse. This suggests that those living with others may be doing so for financial support.

Social Security provides monthly cash payments to citizens of the United States and those with resident status, provided they meet employment requirements. To qualify for Social Security income, an individual must have spent 40 quarters in covered employment (U.S. Congress, 1989). Even among elderly Hispanics who did work for pay, receipt of Social Security is less likely than for other elderly people. Eighty-four percent of elderly Hispanics who worked for pay receive Social Security, compared with 93 percent of all elderly former workers. This may be attributable to the presence of

large numbers of Hispanics in service and farm work, where many jobs are not covered by Social Security. In the case of workers earning very low pay, they may not have accrued enough quarters to qualify for Social Security. Finally, for Mexican Americans and Cuban Americans, failure to receive Social Security is sometimes a function of having immigrated to the United States late in their working lives.

Private pensions are an important source of income for many elderly people. Elderly Hispanics are far less likely than other elderly to receive a pension. Nineteen percent of elderly Hispanics report receiving pension income, compared with 45 percent of all elderly people. Employment in the unskilled, service, or farm sectors, where pensions are not typically offered, can be an important contributing factor, as can a shorter work history in the United States. Like all elderly women (who are half as likely to receive a pension as elderly men), elderly Hispanic women are less likely to receive a pension (14 percent) than are elderly Hispanic men (25 percent).

Overall, 19 percent of elderly Hispanics receive neither a pension nor Social Security. The percentage of people receiving no Social Security or pension income is even higher among certain subgroups: those over age 85 (31 percent); widowed elderly women (24 percent); and those who are divorced or separated or who never married (26 percent).

Finally, retirement income is sometimes supplemented by income from current work. Elderly Hispanics, however, are less likely than other elderly people to supplement their incomes by working. Twelve percent reported that they were currently working, compared with 17 percent of all elderly people (figure 7). Interestingly, when asked whether or not they wanted a paying job, one-quarter (25 percent) of elderly Hispanics said they would like a full- or part-time job now, compared with only 10 percent of all elderly.

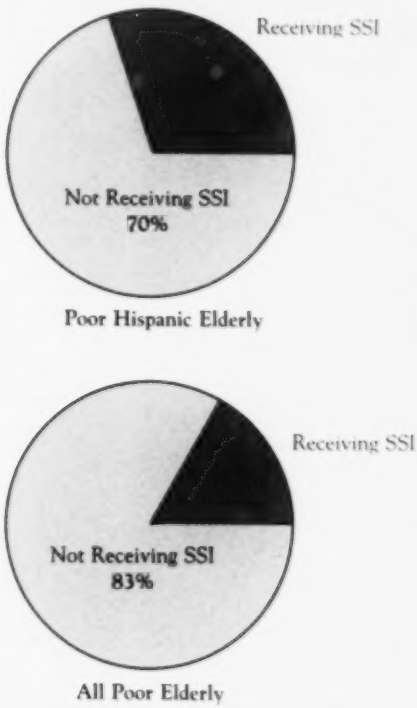
Because of their lower incomes, elderly Hispanics are more dependent on Supplemental Security Income (SSI), the federal cash assistance program for poor elderly people. To qualify for SSI payments, a person must satisfy the program criteria for age (65 years and older), blindness, or disability and countable income may not exceed income benefit standards. In 1989 the Federal SSI benefit standard for an individual is $360 per month, or 76 percent of the federal poverty line, and $553 for a couple, or 90 percent of the federal poverty line. Further, SSI eligibility is restricted to qualified persons who have countable assets of less than $2,000 for an individual or less than $3,000 for a married couple (U.S. Congress, 1989).

Nearly one-third (30 percent) of poor Hispanic elderly men and women receive SSI, compared with 17 percent of all poor elderly people (figure 8). Even so, the participation rate is lower among elderly Hispanics than among all elderly. Only one-half of eligible elderly

people participate in SSI, while a mere 44 percent of eligible elderly Hispanics take part.

This low participation rate in SSI is disturbing, given that elderly Hispanics are less likely than others to be receiving income from Social Security, pensions, or current work. In order to find out why participation rates are lower among elderly Hispanics, the survey asked those with incomes below the poverty line their reasons for not enrolling in SSI. The responses given were similar to those given by all elderly people, mainly lack of

FIGURE 8. POOR HISPANIC ELDERLY AND ALL POOR ELDERLY RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI)



Sources: Westat, 1989; Louis Harris, 1987.

TABLE 2. CHARACTERISTICS OF POOR HISPANIC ELDERLY BY LANGUAGE

	Hispanic Elderly Below Poverty Level	
	Speak Spanish Only	Speak Spanish and English
	100%	100%
Living Arrangement		
Living Alone	28	24
Living with Spouse	41	50
Living with Others	31	26
National Heritage		
Mexican American	58	74
Cuban American	18	9
Puerto Rican	10	11
Other	14	6
Receiving Social Security		
Yes	67	86
No	33	14
Receiving Medicare		
Yes	82	88
No	16	11
Don't Know/Refused	2	1
Receiving SSI		
Eligible, Receiving SSI	39	22
Eligible, Not Receiving SSI	34	51
Not Eligible, Not Receiving SSI	27	27
Receiving Medicaid		
Yes	54	36
No	37	59
Don't Know/Refused	9	5

Source: Westat, 1989.

information about SSI. Twenty-six percent of eligible people not enrolled in SSI had never heard about the program.

There is some evidence that poor elderly Hispanics who speak Spanish only may be even worse off than poor

elderly Hispanics who also speak English. As shown in table 2, poor elderly Hispanics who speak Spanish only are less likely to be receiving Social Security and Medicare, and more likely to be relying on SSI and Medicaid.

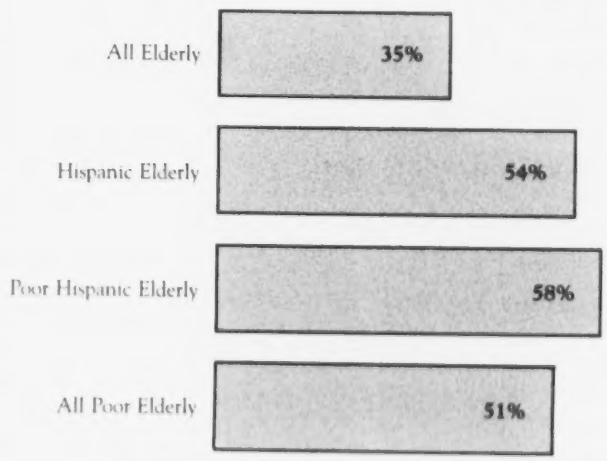
In summary, elderly Hispanics are disproportionately disadvantaged economically compared with all elderly people, suffering a poverty rate nearly twice that of the general elderly population. Their poverty is in many cases a result of having spent their working lives in the unskilled, service, and farm sectors, where benefits are limited and wages are low. Elderly Hispanics are less likely than others to receive income from the major sources of income for elderly people, namely Social Security and pensions. Those who speak Spanish only and are poor appear to be least likely to be receiving Social Security and Medicare. Finally, because they are poor, elderly Hispanics are more likely to rely on SSI. Yet many potentially eligible Hispanics are still not participating in SSI for a variety of reasons, the most important one being lack of information about the program.

HEALTH AND FUNCTIONAL STATUS

Maintaining health and functional well-being is important to elderly people. Poor health can limit daily activities, threaten independence, and create serious financial burdens, particularly among the poor and those who lack adequate health insurance coverage.

Fifty-four percent of elderly Hispanic people are in fair or poor health, compared with 35 percent of all elderly (figure 9). Poverty and poor health are closely associated: 58 percent of poor elderly Hispanics are in fair or poor health, compared with 46 percent of those who are not poor. By living arrangement, those living with

FIGURE 9. HISPANIC ELDERLY AND ALL ELDERLY REPORTING FAIR OR POOR HEALTH



Sources: Westat, 1989; Louis Harris, 1987.

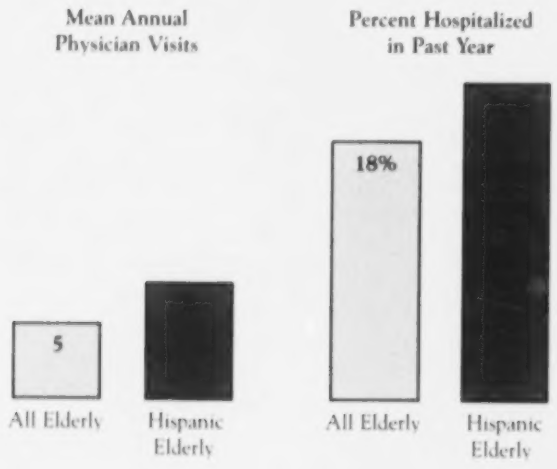
others are the most likely to be in fair or poor health (57 percent).

In spite of poor health, almost half of elderly Hispanics say they are very satisfied with life. The rate of satisfaction with life in this group is, however, lower than for elderly people in general. For example, 48 percent of Hispanic elderly people say they are very satisfied with life, compared with 64 percent of all elderly. Ten percent of elderly Hispanics say they are not satisfied with life, compared with 4 percent of all elderly.

Because elderly Hispanics are in worse health than others their age, it is not surprising that use of medical care is higher among elderly Hispanics than among all elderly. For example, elderly Hispanics average a higher annual number of physician visits than do all elderly people. As shown in figure 10, Hispanic elderly people report eight physician visits on average in a year, compared with five for all elderly people. Further, 22 percent of elderly Hispanics had been patients in hospitals in the past year, compared with 18 percent of all elderly.

Health insurance coverage is extremely important in protecting people from the financial burden of medical care expenses. The Medicare program provides basic hospital insurance coverage (Part A) to people age 65 and over who are eligible for monthly Social Security or railroad retirement cash benefits. Those who are not eligible for these benefits may purchase coverage at the full actuarial cost. Part B, or supplementary medical insurance, and the catastrophic drug insurance program may

FIGURE 10. UTILIZATION OF HEALTH CARE SERVICES AMONG HISPANIC ELDERLY AND ALL ELDERLY



Sources: Westat, 1989; Louis Harris, 1987.

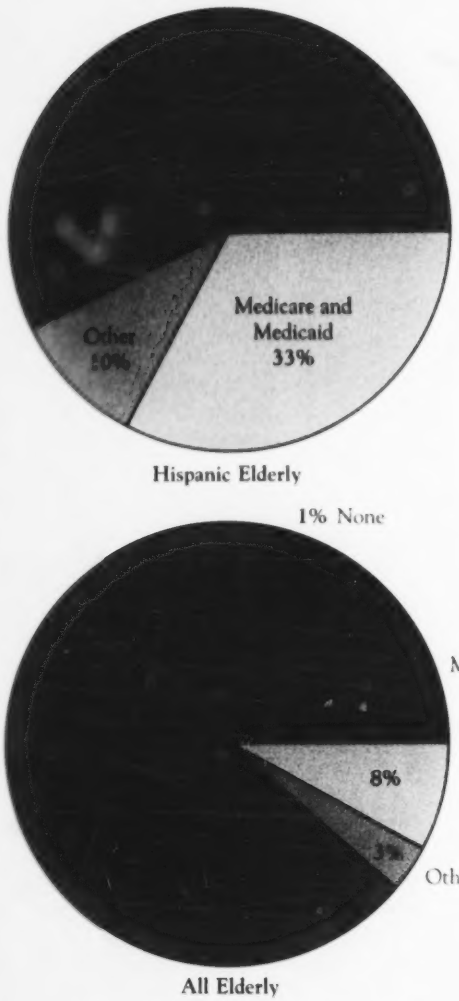
be elected by all persons age 65 or older (U.S. Congress, 1989). In addition to Medicare, many elderly people purchase private supplemental policies to assist with Medicare cost-sharing and other uncovered services. The Medicaid program is intended to serve as a safety net to supplement Medicare for the poor elderly.

Figure 11 shows the health insurance coverage of elderly Hispanics and of all elderly. While 96 percent of elderly people are covered by Medicare, only 83 percent of Hispanic elderly are covered. A lower rate of Medicare coverage reflects a lower rate of receipt of Social Security among this population.

Eight percent of elderly Hispanics report no health insurance at all, compared with only one percent of all

38

FIGURE 11. HEALTH INSURANCE COVERAGE OF HISPANIC ELDERLY AND ALL ELDERLY



Sources: Westat, 1989; U.S. Congress, 1986; *Medicare's Poor*, 1987.

elderly. Further, protection by private supplemental insurance policies is much less common among elderly Hispanics (21 percent) than among all elderly people (69 percent). Supplemental insurance is important because it pays for much of Medicare cost-sharing and services not covered by Medicare. Finally, 28 percent of

Hispanic elderly have Medicare coverage only and no supplemental insurance. This group is therefore vulnerable to costly medical expenses — for premiums, deductibles, coinsurance payments, and uncovered services — which can be particularly devastating for those on low incomes. This compares with 19 percent of all elderly who have Medicare only (*Medicare's Poor*, 1987).

Medicaid coverage is higher among Hispanic elderly than among all elderly. As shown in figure 11, thirty-three percent of elderly Hispanics have Medicare and Medicaid coverage, compared with 8 percent of all elderly. This discrepancy is related to the higher rate of poverty among elderly Hispanics. Among those with incomes below the poverty level, 44 percent of poor elderly Hispanics are covered by Medicaid, compared with 29 percent of all elderly poor (*Medicare's Poor*, 1987).

The care an elderly person receives after release from a hospital is a matter of increasing concern. Elderly Hispanics, more frequently than other elderly people, report having been cared for by a family member or spouse following a hospitalization. Seventy-seven percent of Hispanic elderly who had been hospitalized said that a family member or spouse provided care for them, and only 14 percent said that they cared for themselves (table 3). By contrast, 30 percent of all recently hospitalized elderly said they had cared for themselves and 59 percent said a family member or spouse had cared for them.

TABLE 3. SOURCES OF CARE FOR HISPANIC ELDERLY AND ALL ELDERLY FOLLOWING HOSPITALIZATION

	Hispanic Elderly			
Source of Care*	Total	Living Alone	Living with Spouse	Living with Others
Self	14%	27%	12%	9%
Family or Spouse	77	49	87	80
Home Health or Nurse	10	15	6	12
Friend or Neighbor	4	14	1	3
Nursing Home	1	1	—	1
Other	3	6	3	3

	All Elderly			
Source of Care*	Total	Living Alone	Living with Spouse	Living with Others
Self	30%	44%	25%	24%
Family or Spouse	59	34	70	69
Home Health or Nurse	7	12	3	8
Friend or Neighbor	3	7	1	4
Nursing Home	1	2	—	—
Other	2	3	2	—

*Multiple Responses Allowed

Sources: Westat, 1989; Louis Harris, 1987.

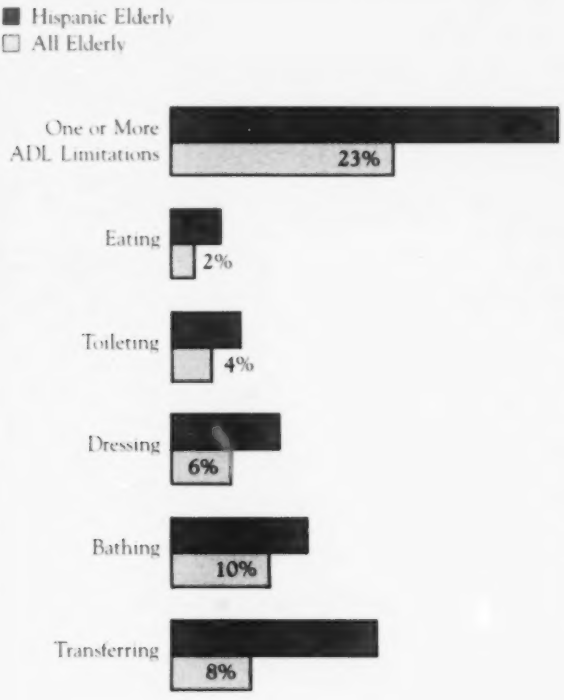
Elderly Hispanics not only have greater acute medical care needs, but also appear to have greater long-term care needs as well. A higher percentage of all Hispanic elderly are functionally impaired and have difficulties with basic self-care activities and tasks of household management. They are more likely to report difficulties

with activities of daily living (ADLs), which include bathing, dressing, toileting, eating, and transferring, than are all elderly. As shown in figure 12, 40 percent of all elderly Hispanics report difficulties with one or more ADLs, compared with 23 percent in the general elderly population (Rowland et al., 1988). Difficulty with bathing is the most common: 10 percent of all elderly people experience some difficulty with that activity, although among Hispanics the figure is 14 percent. Within each ADL limitation, Hispanic elderly report difficulty at a rate higher than that among all elderly (figure 12). Elderly Hispanics living with others are the most likely to have difficulties with ADLs; 47 percent report having at least one ADL limitation.

Similarly, elderly Hispanics report high rates of difficulty with Instrumental Activities of Daily Living (IADLs), which include managing money, using the telephone, preparing meals, doing light housework, shopping, and performing heavy housework (Anderson et al., 1987). In fact, the percentage of Hispanic elderly having difficulties with at least one IADL is twice that of all elderly (figure 13). Again, those living with others are the most likely to have limitations: 60 percent report having trouble with at least one IADL.

Lower functional status among Hispanic elderly people means greater need for long-term care services. Presently, many long-term care services are not covered by health insurance. Further, because the poverty rate among elderly Hispanics is so high, it is unlikely that many could afford the high costs of long-term care out-

FIGURE 12. HISPANIC ELDERLY AND ALL ELDERLY WITH LIMITATIONS IN ACTIVITIES OF DAILY LIVING (ADLS)



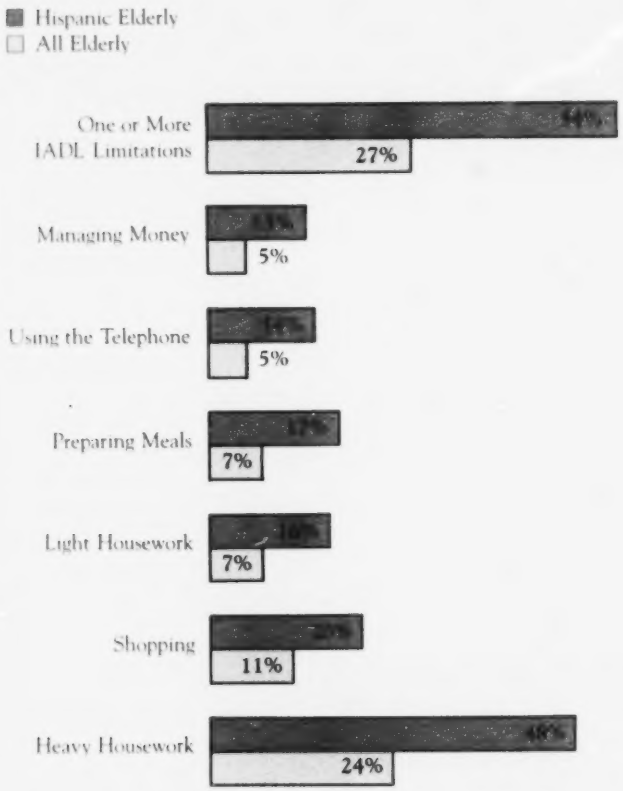
Sources: Westat, 1989; Rowland et al., 1988, based on 1984 Supplement on Aging.

of-pocket. Like many elderly people, elderly Hispanics have some misconceptions about who would pay for long-term care. About one-third (30 percent) of elderly Hispanics mistakenly think that Medicare would pay for long-term care, compared with 15 percent of all elderly. Hispanic elderly are less likely to believe, however, that private health insurance would pay for long-term care (8 percent, compared with 23 percent). Eleven percent of elderly Hispanics said that Medicaid would pay for long-term care, and 16 percent said that their family or

spouse would pay. Thirty-nine percent said they did not know who would pay, compared with 28 percent of all elderly.

For elderly Hispanics, the family appears to be an important resource for providing both acute and long-term care. As described above, elderly Hispanics are much more likely to rely on their families for post-

FIGURE 13. HISPANIC ELDERLY AND ALL ELDERLY WITH LIMITATIONS IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)



Sources: Westat, 1989; Anderson, et al., 1987.

hospital care than to care for themselves. Similarly, about two-thirds of functionally impaired elderly Hispanics receive assistance with ADLs and IADLs from their families.

In summary, elderly Hispanics face serious health and long-term care problems. They are more likely than the general elderly population to be in fair or poor health and to be functionally impaired. Compounding the problem of poor health is the lack of adequate financial protection against the high cost of medical care. Elderly Hispanics rely heavily on their families for assistance with acute and long-term health care.

FAMILY SUPPORT AND USE OF SOCIAL SERVICES

As described in an earlier chapter, many elderly Hispanics have children, and in fact many have children living nearby. Of those with living children, over half (53 percent) are visited by their children twice a week. In addition, 29 percent see their children about once a week, and only 18 percent see their children less than once a month. Similarly, elderly Hispanics maintain frequent contact with their children over the phone. Fifty-seven percent hear from their children twice a week, 28 percent once a week, and only 15 percent less than once a month.

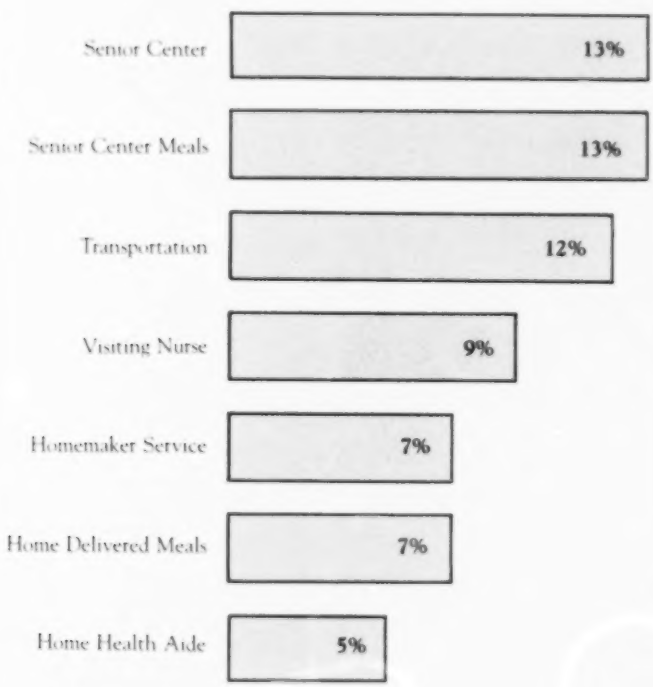
In addition to frequent contact with their families, elderly Hispanics participate in other social activities. For example, half of elderly Hispanics had attended church services or other church activities or had socialized with friends or neighbors in the two-week period prior to being surveyed.

Elderly Hispanics were asked about other contacts and reciprocal help they give to their families. Thirty-two percent of elderly Hispanics said they provide babysitting services for their families. In addition, 51 percent said they help their children and other family members with important decision-making.

Clearly, the family, and especially children, play an important role in the lives of elderly Hispanics. Even so, it is unclear to what extent families are prepared to

care for their elderly relatives. Caring for elderly people —particularly those who are in poor health, who are functionally or cognitively impaired, and who have few financial resources—can put emotional, physical, and financial strains on family caregivers. At present the family seems to be providing much-needed care and assistance, but it may face greater difficulties in doing so as the growth of the Hispanic elderly population outpaces the growth of younger generations (U.S. Bureau of the Census, 1986). For this reason it is important to consider and develop social services that can supple-

FIGURE 14. USE OF SERVICES BY HISPANIC ELDERLY



Source: Westat, 1989.

ment care provided by the family. For those without family, social services supply vital health, economic, and social links to elderly persons.

Sixteen percent of elderly Hispanics reported using one or more social services in the past twelve months. As shown in figure 14, the most commonly used services were eating meals in a senior center (13 percent), going to a senior center (13 percent), and transportation (12 percent). Less commonly used services were a visiting nurse service (9 percent), a homemaker service (7 percent), home delivered meals (7 percent), a health aide (5 percent), and a telephone check-up service (4 percent).

Among the 84 percent who had not used any social services, between one-fifth and one-quarter reported feeling the need for a specific service. For example, 26 percent said they needed transportation services and 21 percent said they needed homemaker services.

In summary, elderly Hispanics receive frequent contact from their families and participate in social activities. Although social services help to supplement care, they do not appear to be reaching all those in need.

MAJOR DIFFERENCES AMONG HISPANIC ELDERLY SUBGROUPS

One important goal of this survey has been to look at differences among Hispanic subgroups to see whether or not special problems exist for certain groups. The survey has revealed that although the major problems of poverty and poor health are the same across the Hispanic elderly population, differences exist in the severity of the problems encountered. It should be noted, however, that some of the differences may be explained by the geographic location of the sample populations. Access to services and enrollment in public programs vary from state to state. As an example, New York and California have more generous Medicaid eligibility limits than Florida and Texas. Therefore, since the majority of elderly Puerto Ricans in this sample are from the New York area, their greater use of medical care services may in part be explained by New York's more liberal Medicaid provision.

Survey respondents identified their national origin or descent and were classified in the following major groups: Mexican Americans (including those who identified themselves as Hispanos or Spanish Americans); Cuban Americans; Puerto Ricans; and others (including those who identified themselves as coming from Central and South America, the Caribbean, and Europe). This last group, which unfortunately could not be analyzed as part of this report, is an increasingly important segment of the Hispanic population. Many

have arrived recently in the United States and may face the same lingual and cultural barriers that have contributed to the poverty and poor health experienced by other Hispanic subgroups. Future research should focus on the special needs and problems facing this group.

PROFILE OF ELDERLY MEXICAN AMERICANS

Elderly Mexican Americans are more likely than other Hispanics to have been born in the continental United States. In general, they have spent more years living and working in this country, and most were educated here. They are also more likely to speak English than members of the other subgroups (table 4). Yet, even having spent their lives in the United States, they have faced greater educational and employment barriers than other elderly. For example, 75 percent of elderly Mexican Americans have an eighth-grade education or less, while only about a third (35 percent) of all elderly have so little education. Further, low educational levels translated for many into work histories at low-paying jobs. Although 80 percent of elderly Mexican Americans worked for pay, only 7 percent held professional, managerial, or proprietary jobs, compared with 16 percent of all elderly. They were far more likely to have worked in the lower-wage farm sector (17 percent) or service sector (20 percent) than either elderly Cuban Americans or elderly Puerto Ricans.

Because the majority of elderly Mexican Americans do have work histories in the United States, however, they are more likely than either elderly Cuban Americans or

TABLE 4. SELECTED CHARACTERISTICS OF HISPANIC ELDERLY BY MAJOR SUBGROUPS

	Mexican Americans	Cuban Americans	Puerto Ricans
Age of Arrival in Continental U.S.			
<25	50%	6%	26%
25-44	25	22	44
45 +	20	70	23
Speak Spanish Only	32	57	37
8th-Grade Education or Less	75	57	77
Receiving Social Security	85	66	74
Receiving Pension	22	11	20
Poverty Status			
Poor	43	35	42
Not Poor	32	38	31
Not Reported	25	27	27
Poor, Receiving SSI	36	48	46
Fair or Poor Health	54	46	63

Source: Westat, 1989.

elderly Puerto Ricans to be receiving Social Security benefits (table 4). Likewise, they are more likely to be covered by Medicare. Still, even while a higher percentage of them live in poverty, elderly Mexican Americans are least likely of the Hispanic subgroups to be covered by Medicaid and SSI.

PROFILE OF ELDERLY CUBAN AMERICANS

Elderly Cuban Americans are an older population than the other two major subgroups. Forty-five percent are age 75 and over, compared with 39 percent of elderly

Mexican Americans and 31 percent of elderly Puerto Ricans. Ninety-eight percent were born in Cuba, the majority of them (70 percent) coming to the continental United States at the age of 45 or older. (This compares with 23 percent of elderly Puerto Ricans and 20 percent of elderly Mexican Americans.) Elderly Cuban Americans are the best educated among Hispanic subgroups: 43 percent have better than an eighth-grade education. Even so, they are the least likely to speak English. This may be associated with immigration to the United States at an older age. Further, elderly Cuban Americans, while less likely to have worked for pay, are more likely to have worked in professional, managerial, or proprietary jobs (16 percent) than either elderly Mexican Americans or elderly Puerto Ricans.

Having immigrated to the United States late in their working lives, elderly Cuban Americans are less likely to have work histories in this country. This accounts for their lower rates of receipt of Social Security or pension income and coverage by Medicare. Even lacking these financial protections for old age, however, elderly Cuban Americans are better off financially than either elderly Mexican Americans or elderly Puerto Ricans. Among elderly Hispanics who are poor, Cuban Americans are most likely to be receiving Medicaid and Supplemental Security Income.

The majority of elderly Puerto Ricans living in the continental United States were born in Puerto Rico (98 percent), and most came to live on the mainland before they were 45 years old. Like elderly Mexican Americans, elderly Puerto Ricans have low levels of education, 77 percent reporting an eighth-grade education or less.

On several economic measures of well-being, elderly Puerto Ricans fare less well than elderly Cuban Americans but better than elderly Mexican Americans. For example, their rate of poverty, their receipt of pensions, Social Security, and SSI, and their coverage by Medicare and Medicaid all rank between elderly Mexican Americans and elderly Cuban Americans.

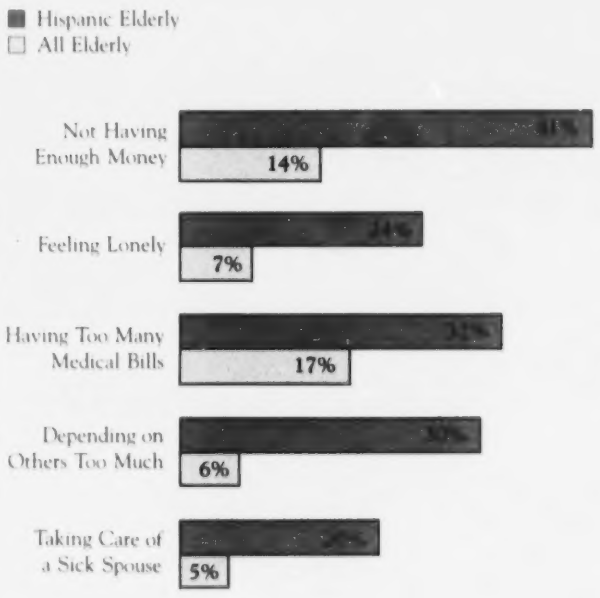
Even adjusting for age differences, however, elderly Puerto Ricans appear on many indicators to be in poorer health than either of the other subgroups. Nearly two-thirds (63 percent) report fair or poor health (table 4). Elderly Puerto Ricans are also more likely to use acute medical care services. They report 11 annual physician visits; and 32 percent reported a hospitalization in the previous year. In addition, elderly Puerto Ricans seem to experience greater difficulty with basic self-care and household management activities. Forty-five percent report difficulty with at least one activity of daily living, and 55 percent report difficulty with at least one instrumental activity of daily living.

In summary, all groups of elderly Hispanics experience higher rates of poverty and poor health and face serious problems compared with their non-Hispanic elderly counterparts. Yet elderly Hispanics are not a homogeneous group. Differences among subgroups should be borne in mind in analyzing policies and programs for elderly Hispanics. Future research should focus on those classified in this survey as "others": they are a quickly growing segment of the Hispanic population and may face problems similar to or even worse than those now experienced by the other major subgroups.

IMPROVING THE HEALTH AND ECONOMIC WELL-BEING OF ELDERLY HISPANIC AMERICANS

Findings from this survey have shown that elderly Hispanics are disproportionately poor and are more likely to be in worse health and functional status than members of the elderly population in general. When asked about elements of their lives that present serious problems, the percentage of elderly Hispanics reporting serious problems is much greater than the percentage among all elderly (figure 15). The most serious problems were not having enough money to live on (41 percent); being

FIGURE 15. SERIOUS PROBLEMS EXPERIENCED BY HISPANIC ELDERLY AND ALL ELDERLY



Sources: Westat, 1989; Louis Harris, 1987.

anxious or worried (41 percent); having too many medical bills (32 percent); and having to depend too much on others (30 percent). Slightly less serious problems were loneliness or not having enough friends (24 percent); having too many problems or conflicts in the family (22 percent); or having to take care of a sick spouse or relative (20 percent).

These are the problems of individuals coping with poverty and poor health in old age. Many are dependent on others, unable to care for themselves or manage their households without assistance. Their health and economic status are such that they worry about not having enough money to live on or to pay their medical bills. They are dependent on government safety nets such as Medicaid and Supplemental Security Income to help redress the inadequacies of Medicare and Social Security.

Some problems, such as ineligibility for Social Security and Medicare, seem to be related to specific aspects of the work histories and immigration patterns of today's elderly Hispanics: they may therefore be alleviated over time. It should be noted, however, that recent immigrants may have no better contact with the Social Security system than previous generations of Hispanic Americans. Increased protection by Social Security and Medicare could help to prevent similar patterns of poverty from emerging among elderly Hispanics in the future.

Further, one might expect that as younger cohorts of Hispanics age, language and educational barriers will be reduced as additional school and working years are spent in the United States. Higher levels of educational attainment and English fluency would enable more Hispanics to find employment in better-paying jobs. One should bear in mind, however, that the drop-out rate among young, school-age Hispanics is currently high (National Center for Educational Statistics), and that many may already be on their way to lives of low-paying jobs and poverty.

Public assistance programs can play an important role in improving the plight of Hispanics who are elderly now. For example, greater participation by poor elderly Hispanics in the Supplemental Security Income Program could provide substantial income assistance. Lack of knowledge about SSI was the main reason given for nonparticipation among potential eligibles. Targeting SSI outreach efforts toward Hispanic communities could help to increase rates of participation and reduce rates of poverty. In addition, elderly Hispanics could be assisted by eliminating the current one-third reduction in SSI benefits to those who live with others. Such a change would provide additional income to a relatively large segment of the Hispanic elderly population.

The recent passage of the Medicare Catastrophic Coverage Act of 1988 extends Medicaid coverage of Medicare cost-sharing to all elderly people below the poverty

line. Outreach efforts will undoubtedly be necessary to enroll new eligibles, who may be unaware of this benefit. In Hispanic communities, outreach efforts would be most effective if outreach workers spoke both Spanish and English and were sensitive to cultural differences and barriers that elderly Hispanics face in obtaining benefits.

Finally, future legislative reform will likely focus on long-term care, an issue currently being debated in Congress. Elderly Hispanics with long-term needs rely heavily on their families for assistance, often living with their children or other relatives. The effects of the economic, physical, and emotional burdens of caregiving borne by these families are unclear. Discussions of long-term care reform should concentrate on facilitating family caregiving, through in-home assistance and provision of respite care.

The Commonwealth Fund Commission on Elderly People Living Alone has recommended ways to improve the health and economic well-being of some of the most vulnerable elderly people in its reports *Old, Alone and Poor, Medicare's Poor,* and *Help at Home.* In addition, the Commission has demonstrated effective ways to help poor elderly people to enroll in public benefits programs. The Commission's policy recommendations and demonstration projects can help to protect a vulnerable population — Hispanic elderly people — now and in the future.

APPENDIX: SURVEY METHOD

The findings presented here are from a national survey representative of Hispanics age 65 and over living within telephone exchanges with at least 30 percent concentrations of Hispanics in three subuniverses in the continental United States: New England and the Middle Atlantic states; Florida; and the balance of the United States. The survey was conducted by Westat, Inc., of Rockville, Maryland. The sample selection and interviewing were conducted between the beginning of August and mid-October 1988, following a pre-test in mid-July 1988. Telephone interviewing was used as the means of data collection. Census data indicate that about 92 percent of elderly Hispanics live in households with telephones. The households screened (48,000) were selected by random digit dialing.

The interviews were offered in both English and Spanish, with 87 percent of the sample choosing to be interviewed in Spanish. The survey data permit comparisons to be drawn between Hispanic and all elderly people; they also allow an examination of differences by Hispanic origin and living arrangement. For purposes of comparability, the questionnaire retained approximately two-thirds of questions from the Commission's 1986 national survey of elderly persons conducted by Louis Harris and Associates, entitled *Problems Facing Elderly Americans Living Alone*. All comparisons between Hispanic elderly and all elderly refer to the 1986 Louis Harris survey unless otherwise noted. More detailed

information and tables can be found within the accompanying background technical report, prepared by Westat, Inc.

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